



State of Georgia Flexible Benefits Program



A Quick Look...
Your 2010 Flexible Benefits



Flexible Benefits for Plan Year 2010

	Dental (Regular & PPO Options)	Dental (DHMO Option)	Vision (Select & Select Plus Plans)	Employee, Spouse, and Child Life	Accidental Death & Dismember -ment	Short Term & Long Term Disability	Specified Illness	Long Term Care	Legal (Select & Select Plus Plans)	Spending Accounts (Health Care & Dep. Care)
Vendor	United Concordia	Cigna	Optum Health	Minnesota Life	Minnesota Life	The Standard	Continental American Insurance Co. (CAIC)	Unum	Signature Legalcare	SHPS
Contact Numbers	1 866 215-2356	1 800 642-5810	1 800 638-3120	404 522-1660 1 800 660-2519	Same as Life Insurance	1 888 641-7186	1 866 849-2958	1 888 764- 3539	1 800 848-2012	1 800 893-0763
Types of Coverage	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	* Employee: 1x to 9x Benefit Salary * Spouse Levels: \$6000, \$12000, \$30000, \$60000, \$100000, \$150000, \$200000, \$250000 * Child Levels: \$3000, \$6000, \$10000, \$15000; \$20000	* Employee: 1x to 7x Benefit Salary (No Spouse or Child coverage)	STD: 7 day or 30 day wait (Employee only) LTD: (Employee only)	* Employee: \$5000, \$10000, \$20000, \$30000, \$40000; \$50000 * Spouse: \$5000, \$10000 * Child: 25% of Employee's coverage (automatic)	Employee only* * A Spouse, Parent, and/or Parent-in-law may enroll in an individual policy directly with the vendor.	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	Employee and any eligible dependents
Premium	Regular Ee \$24.00 Ee + Spouse \$47.99 Ee + Children \$50.38 Ee + Family \$71.12 PPO Ee \$21.53 Ee + Spouse \$43.06 Ee + Children \$45.21 Ee + Family \$58.32	DHMO Ee \$19.29 Ee + Spouse \$35.65 Ee + Children \$44.35 Ee + Family \$53.03	Select Plan Ee \$5.30 Ee + Spouse \$12.17 Ee + Children \$12.73 Ee + Family \$17.49 Select Plus Plan Ee \$5.99 Ee + Spouse \$13.75 Ee + Children \$14.40 Ee + Family \$19.76	* Employee: based on Age, Salary, and Coverage Selection * Spouse: based on Employee's Age and Coverage Selection * Child Rates: \$0.21, \$0.42, \$0.70, \$1.05, \$1.40	* Based on Employee's Coverage Selection: (0.020 per thousand)	* Based on Employee's Age, Salary, Social Security eligibility, and Retirement eligibility	* Based on CAIC's premium rate chart NOTE: Spouse's rate will be based on the employee's age Child coverage is provided at no additional cost.	* Based on Unum's premium rate chart	Select Plan Employee \$5.67 Family \$6.89 Select Plus Plan Employee \$7.30 Family \$9.60	Monthly contribution by employee. Please refer to the web site for minimum and maximum contribution amounts.

For detailed information on each Flexible Benefit, please visit the Team Georgia web site: http://team.georgia.gov/portal/site/FLEX
To contact State Personnel Administration regarding Flexible Benefits you may call 404 656-2730, or toll free 1 888 968-0490.

